



**Voluntary Quit – ATTEND SCHOOL OR TRAINING**

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: \_\_\_\_\_

Last 4 Digits of your Social Security #: \_\_\_\_\_ Date completing questionnaire: \_\_\_\_\_

**Claimant Statement**

1. What was your last physical date of work (mm/dd/yyyy)? \_\_\_\_\_
2. What was your date of separation (if different from your last day of work - mm/dd/yyyy)? \_\_\_\_\_
3. Did you provide notice to your employer that you were leaving?  YES  NO
  - a. If no, why didn't you provide a notice?

b. If yes, whom did you notify? Name: \_\_\_\_\_

Title: \_\_\_\_\_

i. When did you provide the notice (mm/dd/yyyy)? \_\_\_\_\_

ii. How much notice did you give your employer? \_\_\_\_\_

4. Did your employer allow you to work out your notice?  YES  NO
  - a. If no, what reason was given for not allowing you to work out your notice?

b. If you were not allowed to work out your notice, did your employer pay you for the remainder of your notice?  YES  NO

If yes, please indicate the amount of money paid to you for the remainder of your notice. \$ \_\_\_\_\_

5. Did you inform your employer that the reason for leaving your job was to attend school/training?  YES  NO
  - If no, what reason did you give your employer for leaving?

Rhode Island Department of Labor and Training  
**Unemployment Insurance - Central Adjudication Unit**  
P.O. Box 20067, Cranston, RI 02920  
Fax: 401-462-8318

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Claimant Name: \_\_\_\_\_

Last 4 Digits of your Social Security #: \_\_\_\_\_ Date completing questionnaire: \_\_\_\_\_

6. Please provide the following information about the school or training facility that you left your job to attend:

a. Name of School or Training Facility: \_\_\_\_\_

b. Date the schooling or training began(mm/dd/yyyy): \_\_\_\_\_

c. Date the schooling or training is scheduled to end (mm/dd/yyyy): \_\_\_\_\_

d. What is your area of study? \_\_\_\_\_

7. What is your class schedule - Select the specific days you attend class and indicate the time you attend each day.

Monday from \_\_\_\_\_ to \_\_\_\_\_  Friday from \_\_\_\_\_ to \_\_\_\_\_

Tuesday from \_\_\_\_\_ to \_\_\_\_\_  Saturday from \_\_\_\_\_ to \_\_\_\_\_

Wednesday from \_\_\_\_\_ to \_\_\_\_\_  Sunday from \_\_\_\_\_ to \_\_\_\_\_

Thursday from \_\_\_\_\_ to \_\_\_\_\_

8. Please provide any additional information you feel is necessary:

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true.  YES  NO

Signature: \_\_\_\_\_